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State of Kansas . . . John Carlin, Governor

DEPARTMENT OF HEALTH AND ENVIRONMENT

Barbara J. Sabol, Secretary

Forbes Field
Topeka, Kansas 66620-0110
913-862-9360

November 5, 1986

Steve Turner Dayco Fort Scott P.O. Box 629 Fort Scott, Kansas 66701

Dear Mr. Turner:

This is to acknowledge that you filed a Notification of Hazardous Waste Activity Form on October 13, 1986 for the facility located at the address shown below to comply with both state and federal regulations. The EPA Identification Number, type of hazardous waste activity and a description of hazardous waste are listed below. This number must be included on all shipping manifests for transporting hazardous waste; on all annual reports that generators of hazardous waste and owners of hazardous waste treatment, storage and disposal facilities must file with the state; on all applications for hazardous waste permits; and other correspondence related to your hazardous waste management activities.

EPA Identification Number: KSD147300404

Installation Address: Fort Scott Industrial Park

Fort Scott, Kansas 66701

Type of Hazardous Waste Activity: Generation

Description of Hazardous Waste: D001, F002, F004

Since the State of Kansas received authorization from EPA to conduct the state's generator and transporter hazardous waste program in lieu of the respective federal program, we are to be notified of any additions to and/or modifications of the information provided on your notification. All questions or assistance pertaining to the handling of hazardous waste should also be directed to this office.

426618

RCRA RECORDS

JWM: ah/23G

C Jane Ratcliff

District Office - Chanute

Sincerely yours,

John W. Mitchell

Hazardous Waste Section Bureau of Waste Management

Chanule



STATE OF KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

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whi	VII. Waste Fuel Burning: Type of Combustion Device (enter X' in all appropriete boxes to indicate type of combustion device(s) in which hazardous waste fuel or all-specification used oil fuel is burned. See instructions for definitions of combustion devices.)																												
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A. First Notification B. Subsequent Notification (complete Item C)																													

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X	Description of Hazardous Wastes (continu	red from fro			25.	-	72.00	10 The	7.5		د درنند د درنند	£ (5, 50	2 32	uc?	ا ا جيون	
A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.																
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В.	B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.															
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ci T	C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.															
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D. C	haracteristics of Nonlisted Hazardous Wastes, Mark our installation handles. (See 40 CFR Parts 261.21 — 2	X' in the boxes	5 CO	rrespo	nding	to the	cher	ecterist	ics of	noni	isted	hazardo	us w	ste:	8	
	1. Ignitable 2. Corrosive 3. Reactive															
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E.	Total Quantity Generated Per Month. Mark ') corresponding to the total quantity of hazar	pro	DE 144	e 200	(DE)	;V	E)				0017 Spec		v		
_	a. Greater than 1,000 KG (2,200 lbs)		BUREAU OF							,		Belo		,		
ב]b. Less than 1,000 KG but greater than 25	1	OCT 1 3 1986											_		
ķ	Ec. Less than 25 KG (55 lbs)					WASTE										
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XI	Certification		-							ery (r			ś			
	I certify under penalty of law that I have per this and all attached documents, and that I obtaining the information, I believe that the there are significant penalties for submitting	based on my submitted in	in Y	quiry matic	of U on is	iose i true,	ndi. BCC	viduals Jrate, :	s imi and	mea com	iatei plati	ry resp e. i am	onsii awa	ora ra ti	ioi hat	
Signature // Name and Official Title (type or print) Date Signed																
Signature Name and Official Title (type or print) Date Signed Steve Turner - Plant Manager 10/8/8										8 1	9					

ID - For Official Use Only

KDHE Form 8700-12 (Rev. 11-85) Reverse

Mail completed form to:

Bureau of Waste Management Kansas Department of Health & Environment Forbes Field Topeka, KS 66620